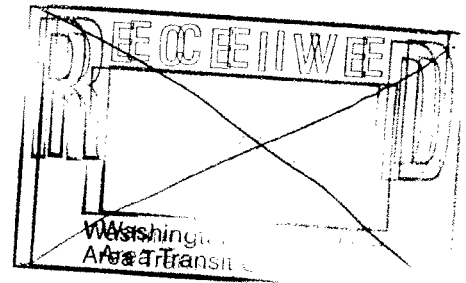


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

131 All About Town, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

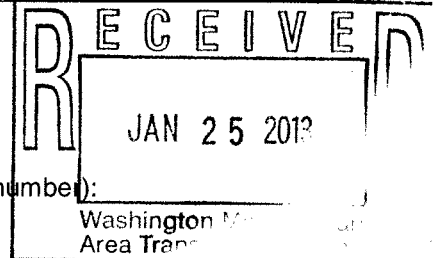
7373 Old Alexandria Ferry Road Clinton MD 20735-1832

*Street Address of Principal Place of Business Apt./Suite City State Zip

Mailing Address (if different from street address) Apt./Suite City State Zip

(301) 856-5556 (301) 856-4016 aatdc@aol.com

*Telephone Other Telephone Fax E-mail



2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

296694

USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. John Paris President

*Name *Title

(301) 856-5556 (202) 498-1462 (301) 856-4016 c182jp@aol.com

*Telephone Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process Telephone E-mail

Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

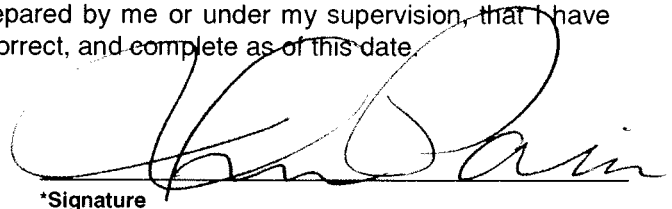
6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓ 190	1990	MCI	1M8FDM9A3LP04358	019P35	MD	45	YES
✓ 451	1993	MCI	1M8PDM PAXP045152	006P08	MD	55	NO
✓ 452	1994	MCI	1M8PDM PAORP046121	006P09	MD	55	NO
✓ 453	1994	MCI	1M8PDM TA6RP046517	006P10	MD	57	NO
✓ 454	1994	MCI	1M8PDM TAXRP046567	006P11	MD	57	NO
✓ 455	1999	MCI	1M8PRM PA7XP060594	019P33	MD	54	NO
✓ 456	2000	MCI	1M8PRM PAXYP061269	019P34	MD	56	NO
208	1987	MCI	1TUFCH6A2HR005868	006P06	MD	47	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

JOHN PARRIS
*Name (type or print)


*Signature

PRESIDENT
*Title (not required for sole proprietors)

01-23-13
*Date